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<b>SERIAL NUMBER</b> 10/801,438	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2163	<b>ATTORNEY DOCKET NO.</b> G08.129/U
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *yes / 102*

This appln claims benefit of 60/454,845 03/14/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *no / 102*

F REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AL</i>				

## ADDRESS

28062

## TITLE

Link analysis mapping program risk management

<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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